

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6		3				
7		3				
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	28	↔	↔	↔		
TOTAL CLAIMS	99	↔	↔	↔		

•	IND.	DEP.	•	IND.	DEP.	•	IND.	DEP.
51								
52								
53								
54								
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98								
99								
100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								